

Michigan Department of Licensing and Regulatory Affairs
Michigan Board of Massage Therapy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

MASSAGE THERAPIST LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended

This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Massage Therapy Board. Questions regarding your application can be directed to the Massage Therapy Board at (517) 335-0918 three weeks after the date you submit the application. Please allow 6-8 weeks processing time. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

In order to work as a Massage Therapist in Michigan, you must be licensed by November 29, 2014.

MASSAGE THERAPIST LICENSE BY APPLICATION (Grandfathering): This option is only available for those applying for licensure prior to November 29, 2014.

1. Complete the application and return it to the Board of Massage Therapy with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept a fingerprint report that has been obtained for any other purpose. Your license will not be issued until this process is complete.
3. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable. You must contact the licensing agency in the state(s) where you have been licensed to request this information be sent to the Michigan Board.
4. Educational Requirements: All applicants for a Massage Therapist license by application (grandfathering) must have graduated from high school or earned a GED. Contact your high school to have a copy of your final high school transcripts sent directly to the Board office OR have the GED testing company provide verification of passing the GED examination sent directly to the Board office. Applicants who graduated from high school in Michigan may also be able to use the Michigan e-transcript service to have high school transcripts electronically sent to the Michigan Board. Information about using this service can be found at <http://www.docufide.com/contact-us>. E-transcripts should be sent to bhpdata@michigan.gov.
4. There are five (5) different methods by which you may become licensed by application (grandfathering) prior to November 29, 2014. If you meet the requirements of one (1) of the methods listed below, you may apply for a massage therapist license by application (grandfathering) as long as your license application is received by the Board office prior to November 29, 2014. Although you may qualify for licensure by more than one method, you only need to meet the documentation requirements of one method.

METHOD 1:

Professional Memberships: If you held a membership in any of the following professional massage therapy organizations for at least one (1) year prior to January 9, 2009, please contact the association to have verification sent directly to the Michigan Board. The verification of membership must include your name, the date the membership was issued and the expiration date, if applicable. For contact information, the website for each organization is also listed.

Approved professional organizations:

- a) American Massage Therapy Association www.amtamassage.org
- b) American Medical Massage Association www.americanmedicalmassage.com
- c) Associated Bodywork and Massage Professionals www.abmp.com
- d) American Massage Council www.massagecouncil.com
- e) International Myomassethics Federation www.massagepros.org
- f) Any national professional massage therapy association that was established before the year 2000, that offers professional liability insurance as a benefit of membership and that has an established code of professional ethics. You must have been a member for at least one (1) year prior to January 9, 2009.

METHOD 2:

Exam Scores: If you have passed any of the following examinations, please contact the testing organization to have a copy of your passing exam scores sent directly to the Michigan Board. The website for each organization is listed:

- a) The Federation of State Massage Therapy Board's Massage and Bodywork Licensing Examination (MBLEx) Download the MBLEx Mobility Form at www.fsmtb.org.
- b) Either the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) National Certification Examination for Therapeutic Massage (NCETM) or the National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) www.ncbtmb.org/contact-us

METHOD 3:

Affidavit of 5 years of Massage Therapy Practice: Complete and sign the attached Affidavit of Massage Therapy Practice form if you have practiced massage therapy for an average of at least 10 hours per week for 5 years or more.

METHOD 4:

Affidavit of 3 years of Massage Therapy Practice & Education: Complete and sign the attached Affidavit of Massage Therapy Practice form if you have practiced massage therapy for an average of at least 10 hours per week for 3 years or more. Also, the Michigan Board must receive a completed Verification of 300 Hours of Formal Training form (attached) directly from your massage therapy school or educational program verifying the completion of at least 300 hours of massage therapy coursework in an approved school.

METHOD 5:

Meet the supervised curriculum requirements listed in #6 of the instructions for Massage Therapist License by Examination.

MESSAGE THERAPIST LICENSE BY EXAMINATION: Licensure based on completion of an approved educational program/supervised curriculum and passing one of the required examinations.

1. Complete the application and return it to the Board of Massage Therapy with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept a fingerprint report that has been obtained for any other purpose. Your license will not be issued until this process is complete.
3. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable. You must contact the licensing agency in the state(s) where you have been licensed to request this information be sent to the Michigan Board.

4. Exam Scores: You must arrange to have passing exam scores from either the MBLEx, NCETM, or NCETMB examination sent directly to the Michigan Board from the testing organization. Please contact the testing organization to have a copy of your passing exam scores sent directly to the Michigan Board. Contact information for each organization is listed below:
 - a) MBLEx: The Federation of State Massage Therapy Board's Massage and Bodywork Licensing Examination Download and follow the instructions on the MBLEx Mobility Form found at www.fsmtb.org.
 - b) NCBTMB or NETM: Contact the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) for exam scores from either the National Certification Examination for Therapeutic Massage (NCETM) or the National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) at www.ncbtmb.org/contact-us
5. Educational Requirements: All applicants for a Massage Therapist license by examination must have graduated from high school or earned a GED. Contact your high school to have a copy of your final high school transcripts sent directly to the Board office OR have the GED testing company provide verification of passing the GED examination sent directly to the Board office. Applicants who graduated from high school in Michigan may also be able to use the Michigan e-transcript service to have high school transcripts electronically sent to the Michigan Board. Information about using this service can be found at <http://www.docufide.com/contact-us>. E-transcripts should be sent to bhpdata@michigan.gov.
6. Supervised Curriculum: All applicants for a Massage Therapist license by examination must have completed a supervised curriculum in massage therapy that has been approved by the Michigan Board. A list of the approved massage therapy supervised curriculums is on the website of the Michigan Board of Massage Therapy which can be accessed via the website for the Health Professions Division at www.michigan.gov/healthlicense. Choose the Massage Therapy profession and click on GO to be directed to the correct site.

In order to verify that you completed an approved supervised curriculum, you must send the attached Certification of Completion of Massage Therapy Supervised Curriculum form to your massage therapy training program for completion of Section II. This form must be submitted to the Board office directly from the massage therapy training program. If your massage therapy program does not appear on the list of Michigan Board-approved curriculums, we will contact the program to provide them with the form they must submit for approval.

7. If you completed a massage therapy curriculum outside of the United States, you must have your education reviewed and certified for equivalency by a credentialing agency that is accredited by the National Association of Credential Evaluation Services (NACES). The list of accredited NACES credentialing agencies can be found on their website, www.naces.org, under "Current Members". The review must be a course-by-course evaluation that determines whether the massage therapy curriculum you completed was equivalent to an approved program in Michigan. A copy of the credentialing report must be sent directly to the Michigan Board from the agency that performs the review.

If your curriculum was not taught in English, you must satisfactorily complete both the TOEFL (passing score is 550 on the written examination or 213 on the computerized exam) and TSE (passing score is 50) examinations OR the TOEFLibT (overall passing score of 89). Required section scores on the TOEFLibT are:

Not less than 21 on the reading section
Not less than 18 on the listening section
Not less than 26 on the speaking section
Not less than 24 on the writing section

Results of the examination(s) should be sent directly to this office from ETS. Contact ETS at (609) 771-7100 or at their website at www.toefl.org (e-mail: toefl@ets.org) to arrange to take these examinations or to have results sent to our office. The Institutional Code needed to send scores to the Michigan Board is 9715.

MESSAGE THERAPY LICENSE BY ENDORSEMENT: Licensure based on holding a current massage therapist license in at least one other state.

1. Complete the application and return it to the Board of Massage Therapy with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license will not be issued until this process is complete.
3. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable. You must contact the licensing agency in the state(s) where you have been licensed to request this information be sent to the Michigan Board.
4. Educational Requirements: All applicants for a Massage Therapist license by endorsement must have graduated from high school or earned a GED. Contact your high school to have a copy of your final high school transcripts sent directly to the Board office OR have the GED testing company provide verification of passing the GED examination sent directly to the Board office. Applicants who graduated from high school in Michigan may also be able to use the Michigan e-transcript service to have high school transcripts electronically sent to the Michigan Board. Information about using this service can be found at <http://www.docufide.com/contact-us>. E-transcripts should be sent to bhpdata@michigan.gov.
5. Exam Scores: You must arrange to have passing exam scores from either the MBLEx, NCETM, or NCETMB examination sent directly to the Michigan Board from the testing organization. Please contact the testing organization to have a copy of your passing exam scores sent directly to the Michigan Board. Contact information for each organization is listed below:

MBLEx: The Federation of State Massage Therapy Board's Massage and Bodywork Licensing Examination Download and follow the instructions on the MBLEx Mobility Form found at www.fsmtb.org.

NCBTMB or NETM: Contact the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) for exam scores to be sent to the Michigan Board from either the National Certification Examination for Therapeutic Massage (NCETM) or the National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) at www.ncbtmb.org/contact-us.

6. If you have been licensed in the other state(s) for less than 5 years, the Board must receive verification that you completed an approved supervised curriculum in massage therapy. A list of the approved massage therapy curriculums is on the website of the Michigan Board of Massage Therapy which can be accessed via the website for the Health Professions Division at www.michigan.gov/healthlicense. Choose the Massage Therapy profession and click on GO to be directed to the correct site.

To verify the massage therapy curriculum you completed, you must send the attached Certification of Completion of Massage Therapy Supervised Curriculum form to your massage therapy training program for completion of Section II. This form must be submitted to the Board office directly from the massage therapy training program. If your massage therapy program does not appear on the list of Michigan Board-approved curriculums, we will contact the program to provide them with the form they must submit for approval.

7. If you completed a massage therapy curriculum outside of the United States, you must have your education reviewed and certified for equivalency by a credentialing agency that is accredited by the National Association of Credential Evaluation Services (NACES). The list of accredited NACES credentialing agencies can be found on their website, www.naces.org, under "Current Members". The review must be a course-by-course evaluation that determines whether the massage therapy curriculum you completed was equivalent to an approved program in Michigan. A copy of the credentialing report must be sent directly to the Michigan Board from the agency that performs the review.

If your curriculum was not taught in English, you must satisfactorily complete both the TOEFL (passing score is 550 on the written examination or 213 on the computerized exam) and TSE (passing score is 50) examinations OR the TOEFLib (overall passing score of 89). Required section scores on the TOEFLib are:

Not less than 21 on the reading section
Not less than 18 on the listening section
Not less than 26 on the speaking section
Not less than 24 on the writing section

Results of the examination(s) should be sent directly to this office from ETS. You can contact ETS at (609) 771-7100 or at their website at www.toefl.org (e-mail: toefl@ets.org) to arrange to take these examinations or to have results sent to our office. The Institutional Code needed to send scores to the Michigan Board is 9715.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If there is a change in your name and/or address, please notify the Board of Massage Therapy in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Care Services, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Massage Therapy in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license.
4. **CONTINUING EDUCATION:** The Michigan Board of Massage Therapy will be promulgating Administrative Rules that will establish continuing education requirements that will need to be met to renew your massage therapy license in the future. You will not be required to complete any continuing education credits in order to renew your license for the first time because you will not have held the license for a full three-year period. This license will have a continuing education requirement for renewal starting with the licensing cycle from November 1, 2014 to October 31, 2017. Please continue to monitor the Massage Therapy page on our website at www.michigan.gov/healthlicense for more information.
5. **FULL MASSAGE THERAPIST LICENSES ISSUED FOR THE FIRST TIME IN 2013 WILL BE VALID UNTIL OCTOBER 31, 2014; SUBSEQUENT RENEWALS ARE VALID FOR A THREE-YEAR PERIOD.**



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
ACTING DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS – (Michigan Locations only)
AGENCY ID NUMBER 71734k**

Applicants for a Michigan health professional license must have their fingerprints taken under the above agency I.D. Number. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment), Cogent Systems or another agency that is listed at www.michigan.gov/LSVendor. Whether you use Identogo, Cogent Systems or another agency, the Agency ID Number for Health Professional licensing is 71734k. This ID number **MUST** be used in order to have the fingerprint report sent to the Health Professions Division. Receipts do not need to be mailed to the office.

You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Health Professions Division will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.

Information about fees and scheduling your fingerprint appointment with Identogo can be found at www.identogo.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan then select the Cogent MAPS (Michigan Applicant Processing Service) option. The MAPS option must be used for Michigan health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
ACTING DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
AGENCY ID NUMBER 71734k
(For applicants out of state or out of country)**

1. There are two ways you can have your fingerprints taken:
 - * Option 1 (Preferable) - Contact Identogo at www.identogo.com or by calling 1-866-226-2952 or another LiveScan vendor in the state where you reside, take the completed form, have your fingerprints taken digitally, and have them **PRINTED OUT**.
 - * Option 2 - Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the digital printout or the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.75, made payable in U.S. Funds, to Identogo to the following address:

Identogo/Livescan Processing Unit
1650 Wabash Ave Suite D
Springfield IL 62704
3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. Identogo will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Health Professions Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.
7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Applicants for a Michigan health professional license must have their fingerprints taken under the above agency I.D. Number. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
ACTING DIRECTOR

Applicant Instructions: Please complete the top section of this form then print it and take it along with your picture I.D. to your scheduled appointment.

First Name:		Middle Name:		Last Name:	
Street Address:					
City:		State:		ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:			
Date of Birth (MM/DD/YYYY):		Race:		Sex:	
Height:	Weight:		Eye Color:		Hair Color:
Type of license/registration you are applying for (MD, DO, RPH, LPN, RN, PT, etc...)					

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINTING AGENCY

Fingerprint Date:	TCN:
Type of I.D. Presented	

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Care Services
Reason Fingerprinted: LHP – Licensed Health Care Professional (MCL333.16174)	Cost:

Massage Therapy

PO Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**APPLICATION FOR LICENSURE AS A
MASSAGE THERAPIST**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only**I AM APPLYING FOR THE FOLLOWING:**

- ☐ License by Examination Fee: \$95.00 71-7501-01
- ☐ License by Endorsement Fee: \$95.00 71-7501-09
(must currently be licensed in another state)
- ☐ License by Application (Grandfathering) Fee: \$95.00 71-7501-01

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application.
DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number ()
Street Address		Apt./Bldg.#
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		E-mail Address
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Health Professional Permanent I.D. /License Number and Expiration Date:

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No
9. Do you hold or have you ever held a permanent massage therapist license or registration in any state? ☐ Yes ☐ No
 List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)**

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

**Provide a complete chronological record of your high school and massage therapy education.
 Attach additional sheets if necessary.**

Name and Address of Institution	Dates of Attendance From To		Degree

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
 Health Professions Division
 PO Box 30670
 Lansing, Michigan 48909
 (517) 335-0918
www.michigan.gov/healthlicense

AFFIDAVIT OF MASSAGE THERAPY PRACTICE

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

This form is only for those applying for a massage therapist license prior to November 29, 2014 based on their work history.

Section 1- Application Information.

First Name	Middle Name	Last Name
Street Address		Telephone Number
City	State	Zip Code
US Social Security Number	Date of Birth	E-mail Address

Section 2- Provide a chronological list of all massage therapy work experience you have had in the last five (5) years, including the position held and the name and address of the place of business. Attach additional sheets if necessary.

Job No.	Exact Dates (mm/dd/yyyy)	Position/Position Title	Business Name & Address
1	____/____/____ to ____/____/____		
2	____/____/____ to ____/____/____		
3	____/____/____ to ____/____/____		
4	____/____/____ to ____/____/____		
5	____/____/____ to ____/____/____		

Full Name

Check the appropriate certification box as it applies to you.

CERTIFICATION

☐ I confirm that I have practiced massage therapy for an average of not less than 10 hours per week for 5 years or more.

- OR -

☐ I confirm that I have practiced massage therapy for an average of not less than 10 hours per week for 3 years AND have successfully completed not less than 300 hours of formal training in massage therapy as required by the board of Massage Therapy. I understand that the massage therapy educational program must complete and send the form titled, "Verification of 300 Hours of Formal Training in Massage Therapy" to the Michigan Board to verify the completion of the required training.

I declare and affirm that the information provided on this form is true, complete and correct. I understand that any false, misleading information provided in connection with my licensure application may be cause for denial or loss of licensure.

Printed Name of Applicant

Date

Signature of Applicant

Upon completion of this form please submit it to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Health Professions Division
PO Box 30670
Lansing, Michigan 48909

Michigan Department of Licensing and Regulatory Affairs

Board of Massage Therapy

PO Box 30670

Lansing MI 49809

(517) 335-0918

www.michigan.gov/healthlicense**CERTIFICATION OF COMPLETION OF MASSAGE THERAPY SUPERVISED CURRICULUM**

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

SECTION I – APPLICANT INFORMATION

Instructions: Complete Part I. Type or print your name exactly as it appears on your application. Print this form and then for completion of Section II, send this form to the Director of your education program or the Registrar of the institution in which you completed your massage therapy supervised curriculum. This certification must be submitted directly to the Michigan Board of Massage Therapy by your education program or school.

First Name	Middle Name	Last Name
Street Name		Apt/ Bldg. #
City	State	Zip Code
US Social Security Number	Birth Date	Email Address
Name of Educational Program/School		Degree Awarded (if applicable)
School Address		
City	State	Zip Code
Date of Admission		Date of Completion

Signature of Applicant	Date
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APPLICANT – UPON COMPLETION OF SECTION I, PRINT THIS FORM AND SEND IT TO YOUR EDUCATIONAL PROGRAM/SCHOOL FOR COMPLETION OF SECTION II ON THE NEXT PAGE.

THIS PAGE TO BE COMPLETED BY THE MASSAGE THERAPY PROGRAM/SCHOOL

Please complete the following information. Return this complete certification directly to the Michigan Board of Massage Therapy, PO Box 30670, Lansing MI 48909.

SECTION II – CERTIFICATION OF COMPLETION OF SUPERVISED CURRICULUM

Name of Program/School

For admission to the massage therapy program, did the student present satisfactory evidence of an approved United States high school diploma or the equivalent? ☐ YES ☐ NO

I certify that _____ attended the educational program/school
(Applicant's Full Name)

named above from _____ to _____
(Month/Day/Year) (Month/Day/Year)

and completed the course work as checked below:

- ☐ At least 200 combined classroom hours of instruction in Massage & Bodywork Assessment, Theory, and Application.
- ☐ At least 125 combined classroom hours of instruction in Anatomy, Physiology, and Kinesiology.
- ☐ At least 40 hours of instruction in Pathology.
- ☐ At least 6 hours of instruction in Ethics.
- ☐ At least 4 hours of instruction in Business and Professional Practice.
- ☐ At least 125 hours of classroom instruction in an area or field related to massage therapy with at least 40 of those hours performing massage therapy services in a supervised student clinic.
- ☐ At least 500 total hours of classroom instruction.

Signature of Program Director

Date

Print or Type Name of Program/School

(SEAL)

If school has no seal, please indicate

Date:
School name:

Part I: Must be completed by Program Representative of massage therapy program or school and sent directly to the Michigan Board of Massage Therapy, PO Box 30670, Lansing, MI 48909. Enter the information below following the instructions in Part 2. Courses in columns C – G may be taught either online or in classroom.

[illegible]

Part 2: Instructions for Completing the Form – Form must be submitted directly to the Michigan Board of Massage Therapy, PO Box 30670, Lansing, MI, 48909, from the educational program/school.

General Instructions:

- Attach the course description to this document for all courses listed in your program. Make sure your course descriptions are complete descriptions. If the course title and course descriptions in any row does not clearly clarify how the course meets the subject requirements or relates to massage therapy, please list the course again in Part 3 of this form and explain in detail how the course relates.
- Write each course name in Column A of the form, and complete the information across the row that corresponds with that course. Across each row, distribute the number of hours among the subject categories in Columns B-G, as applicable, and then enter the total number (adding B-G) in Column H.

Column	Requirements for a Supervised Curriculum in Accordance with Administrative Rule 338.705
A	Enter the name of each course. Course names must match the names provided with the class descriptions. One class per row; no duplicates.
B	Enter the hours for each of the course types in sub-columns B1, B2, and B3 under Column B. The total hours entered under Column B must add up to at least 200. All hours must be classroom hours.
C	Enter the hours for each of the course types in sub-columns C1, C2, and C3 under Column C. The total hours entered under Column C must add up to at least 125. Hours may be classroom, online, or both.
D	Enter the total hours for the course. Hours must add up to at least 40. Hours may be classroom, online, or both.
E	Enter the total hours for this course type. Hours must add up to at least 6. Hours may be classroom, online, or both.
F	Enter the total hours for this course type.
G	Enter the total hours for this course type
H	Add all of the entries across each row, and enter the total number of hours for the course. Enter the total number of hours being reported in the last row of column H.

Part 3: If necessary, use this table to give more detailed information about courses you entered on the Table in Part 1. Sometimes, the title of the course or the course description does not provide enough information for our department staff to understand how the course relates to the required specified subject areas or massage therapy. Providing detailed and convincing information will help us help you by avoiding processing delays.

Name of Course	If the course description that corresponds with the course does not clearly identify how the course relates to the identified subject areas or massage therapy, please describe how it relates below.

Part 4: Certification

School Contact Name	
Contact Phone	
Contact Email	
Contact Mailing Address	

I certify that _____ attended this program from _____ to _____.
(Applicant's Name) (mm/dd/year) (mm/dd/year)

I certify that the course information on Page 1 of this form is correct.

 School Contact Signature Date